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EXAMINER 9

COVER LETTER

TO: Registration So Division of Con					
SUBJECT:	Summ Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:			
	<u>Kern</u> Summ	Barter Name of Person HOIST, LLC			
	3424	Firm/Company NW 20th Way Address)——	2011 S	HP 발 4
	<u>Jennings</u>	FL 32053 City/State and Zip Code		EP 21	I · l
	K 670 W E-mail address:	ac. Com to be used for future annual report notificat	tion)	¥ 0.5 1.338 1	(T)
For further information of	concerning this matter, please of	•	ŕ	AM 9: 48 OF STATE E. FLORID	N _a
Kem Bax	(ter of Person	at (<u>386)</u> <u>938 - 5</u> Area Code & Daytime To	346 elephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Certified Cop (additional co	Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Summit	Hoist 120			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (Company were filed on	7-13-11	and assign	ied
Florida document number v. , v.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Compa	any," the designation "LL	.C" or the abbi	reviation
Enter new principal offices address, if applicable:			ಕ್ಟ ಜ	
(Principal office address MUST BE A STREET ADD	RESS)			
	<u></u>		EM C9	enirode Remember 1 3
			SER ?	ł
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	•		STS X	£
			5 K	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u>	e name of t	he new
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street addre	ess	
	City	, Florida	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title Name Address Remove ☐ Add Remove ☐ Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00